

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**10/009363**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
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31	1					
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33	1					
34	1					
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36	1					
37	1					
38	1					
39	1					
40	1					
41	1					
42	1					
43	1					
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	20					
TOTAL DEP.	2					
TOTAL CLAIMS	22					

	*		*		*
	IND.	DEP.	IND.	DEP.	IND.
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99					
100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS